

FILED MAR 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1534	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR Saint Louis, Missouri				c. CITY (If outside corporate limits, write RURAL and give township) OR Saint Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4709 Genevieve Avenue, 20.				d. STREET ADDRESS (If rural, give location) 4709 Genevieve Avenue, 20.			
3. NAME OF DECEASED (Type or Print)		a. (First) Mathilda		b. (Middle) M.		c. (Last) Moeller	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 24th, 1872	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Covington, Ky.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fred Menzer		13b. MOTHER'S MAIDEN NAME Mary (Unknown)		14. NAME OF HUSBAND OR WIFE Late Bernard H. Moeller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charles E. Adams, 4709 Genevieve Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) 920 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic myocarditis				INTERVAL BETWEEN ONSET AND DEATH 12 hours Dont know Dont know	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION H277		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from June 1, 1948 to Feb. 16, 1949 that I last saw the deceased alive on Feb. 13, 1949 and that death occurred at 1:30 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. A. Menner		23b. ADDRESS M.D.U. 5330 Geraldine Ave.		23c. DATE SIGNED 2-17-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-19-49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis, Missouri	
DATE REC'D BY LOCAL REG. FEB 17 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Bl.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

John A. Mlinar

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.